Page
1 0
∞

Yes No X	child because	sactions, or liabilities of a spouse or dependent child because with the Committee on Ethics.	" income, trans	EXEMPTION —Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spo they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	EXEMPTION—Have you exclud they meet all three tests for exer
Yes No X	closed. Have you	Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you rom this report details of such a trust benefiting you, your spouse, or dependent child?	on Ethics and dependent chil	TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and concerning the committee on Ethics and concerning the committee on the committee on Ethics and concerning the c	TRUSTS — Details regarding "Quexcluded from this report details
JESTIONS	F THESE QU	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS	T INFOR	USE, DEPENDENT, OR TRUS	EXCLUSION OF SPO
vered and the Yes" response.	must be answ ed for each "\	Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.	N _S	V. Did you, your spouse, or a dependent child have any reportable liability (more than \$10,000) during the reporting period? Yes X	V. Did you, your spouse, or a dependent child have any reliability (more than \$10,000) during the reporting period? If yes, complete and attach Schedule V.
Yes No X	arrangement with	IX. Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX.	No	spendent child purchase, sell, et in a transaction exceeding Yes X od?	IV. Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset in a transaction exceeding \$1,000 during the reporting period? If yes, complete and attach Schedule IV.
Yes X No	or before the date	VIII. Did you hold any reportable positions on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII.	₽	III. Did you, your spouse, or a dependent child receive "unearned" income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the period? If yes, complete and attach Schedule III.	III. Did you, your spouse, or a dependent child receive "unearn income of more than \$200 in the reporting period or hold any reportable asset worth more than \$1,000 at the end of the pe If yes, complete and attach Schedule III.
Yes No X	I receive any n the reporting	VII. Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than \$350 from one source)? If yes, complete and attach Schedule VII.	₹ ×	II. Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the Yes reporting period? If yes, complete and attach Schedule II.	II. Did any individual or organization make a donation to chalieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.
Yes No X	receive any regating more	VI. Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than \$350 and not otherwise exempt)? If yes, complete and attach Schedule VI.	o U	I. Did you or your spouse have "earned" income (e.g., salaries or fees) of \$200 or more from any source in the reporting period? Yes X	I. Did you or your spouse have "earned" income (e.g., salaries fees) of \$200 or more from any source in the reporting period? If yes, complete and attach Schedule I.
		E QUESTIONS	OF THESE	MATION — ANSWER EACH	PRELIMINARY INFORMATION
30 days late.	30 days late.	Termination		Annual (May 15, 2012) Amendment	Report Annual (Ma
A \$200 penalty shall be assessed	A \$200 penalt	or Employing Office:	Officer or Employee	Member of the U.S. State: M. 55 gw. (1) House of Representatives District: 6	Filer Member of the U.S. Status House of Represen
U.S. HOUSERIDE RESIDENCE THESE	ป.ร. มีบัน รณฑ์				
2013 FEB 21 PM 1: 17	2013 FEB	Daytime Telephone:	Daytime 1	To Ann Emerson	Name: Jo Ann
LEGISLATIVE RESOURCE CENTER	LEGISL ATIV				
Page 1 of <u>0</u> 20 13	JEEB . 1 4 2013	Form A For use by Members, officers, and employees	MENT	UNITED STATES HOUSE OF REPRESENTATIVES CALENDAR YEAR FINANCIAL DISCLOSURE STATEMENT	UNITED STATES HOL

Name
Joann
Emerson

SCHEDULE I—EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling \$200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

Exclude: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

	Type Approved Teaching Fee Legislative Pension Spouse Speech Spouse Salary	\$6,000 \$9,000 \$1,000 NA
Harmerly Bartley gaffstein LLC	Spouse Salary	Z/A

3		gs	S		8	ង	DC,	SP.	ନୁମ ନୁଦ୍ର କୁ ଅନ୍ତର୍ଶ ଅନୁକୃତ କୁ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଅନ୍ତର୍ଶ ଆଧାରଣ	
Sp Business Bank of ST	20 +	Harrnett Glodney Hesterman	Bank of Salem SEP	4399 Lactade 57 Lowis, Mo 63108	tim bldg or claw	1st Bank of Paducah	Examples:	SP Mega Corp. Stock	the name of the institution holding the account and its value at the end of the reporting period. For rental or other real property held for investment, provide a complete address. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (<i>unless</i> there was rental income during the reporting period); any deposits totaling \$5,000 or less in a personal checking or saving accounts; and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or is jointly held with your spouse (JT), in the optional column on the far left. For a detailed discussion of Schedule III requirements, please refer to the instruction booklet.	BLOCK A Asset and/or Income Source Identify (a) each asset held for investment or production of income with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or sources of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use ticker symbols.) For all IRAs and other retirement plans (such as 401(k) plans) that are self-directed (i.e., plans in which you have the power, even if not exercised, to select the specific investments), provide the value for each asset held in the account that exceeds the reporting thresholds. For retirement accounts which are not self-directed, provide only
		NO.	<u> </u>	~	_	Tings			nd its and its siness busi- cloca- econd rental total- saving erived Thrift set or andent in the ments.	uuction 000 at other erated year. ds (do ds (do ds (ith have pecific li in the retire- e only
						┫.	-	<u> </u>	None >	Ind rep me ple tf a year
					<u> </u>	╀	夏	\vdash	\$1 - \$1,000	Indicate reporting method please s ff an assu year and generate "None."
	\longrightarrow					╀	Indefinite	-	\$1,001 ~ \$15,000	nng ing ing ing ing ing ing ing ing ing
×	+	×		-		╀	(D)		\$15,001 - \$50,000	BLOCK B Value of Asset Indicate value of asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting year and is included only because it generated income, the value should be "None."
├			*		×	╁	+	×	\$50,001 - \$100,000	BLOCK B Value of Asset alue of asset a ear. If you use a ner than fair macify the method unity the sincluded only income, the value
		×				╀	+	_	\$100,001 - \$250,000 T	BLOCK B Je of Ass of asse If you u than fair the methe sold during cluded o me, the v
					<u></u>	╂	\vdash	\vdash	Ψ200,001 - Ψ000,000	As As See See See See See See See See See Se
	+					╁	┿	 	φοσοίοσι φιίοσοίοσο	set set l
	+			<u> </u>		╁	÷	┝	\$1,000,001 - \$5,000,000	t c a war sed sed bec bec
	\rightarrow			.		╁	\vdash	-	ψ0,000,001 - ψ20,000,000	lose lose alua
						╁	╁	-	Ψ20,000,001 — Ψ00,000,000	ting ting
-					メ	╁	╁	┪	Over \$50,000,000	
				-		╁	H	×	DIVIDENDS	BLOCK C Type of Inco Type of Inco Check all columns that retirement accounts that you to choose specific in that generate tax-defe (such as 401(k) plans (may check the "Tax-Defe Dividends, interest, gains, even if reinvest disclosed as income. (if the asset generated not ing the reporting period.
	-					╁	\vdash	⊬	RENT	cck : gen to cl h as che s as he r
	+					╁	+	-	INTEREST	Tyj all call hoose hoose to the total sections and sections ween and sections are to the total t
					-	t	╁	×	CAPITAL GAINS	BL ting sing
	-+					╁	t		EXCEPTED/BLIND TRUST	BLOCK Type of In all columns all columns all accounts th noose specific nerate tax-de ta(k) plan ck the "Tax-D ck
\overline{x}	1		×		<u> </u>	╁	+	 	TAX-DEFERRED	that that that that that that that it in tha
		Partnessip					Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	BLOCK C Type of Income Check all columns that apply. For retirement accounts that do not allow you to choose specific investments or that generate tax-deferred income (such as 401(k) plans or IRAs), you may check the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if the asset generated no income during the reporting period.
X		X	×		X				None -	ear the ear
							1		\$1 - \$200 =	Amount c Amount c Amount c For assets for which Deferred" in Block C, "None" column. For a cate the category of the appropriate box interest, and capit reinvested, must income. Check "Non earned or generated.
						L	L		\$201 - \$1,000 =	Ar sets sets colu colu prop prop e. Col
L.,						L	-	×	\$1,001 - \$2,500 <	nou for n Blc lind ind ind ind jenech
						퇶	-		\$2,501 – \$5,000 <	BLC Unt which For car car which which will be be car car which will be be car with the car will be be car with the car will be
						Ľ	4	_	\$5,001 - \$15,000 ≤	BLOCK D Amount of Income For assets for which you checke Deferred" in Block C, you may ch "None" column. For all other asse cate the category of income by ch the appropriate box below. Divi interest, and capital gains, of reinvested, must be disclost income. Check "None" if no incole earned or generated.
 				ļ		1	1	_	\$15,001 - \$50,000	D D on c ou c
igwdown					.	1	<u> </u>	<u> </u>	\$50,001 - \$100,000	hecines, bince
$\vdash \!\!\!\! \downarrow$						1	×	<u> </u>	\$100,001 - \$1,000,000	BLOCK D Amount of Income For assets for which you checked "Tax- Deferred" in Block C, you may check the "None" column. For all other assets, indi- cate the category of income by checking the appropriate box below. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income. Check "None" if no income was earmed or generated.
	+			ļ		╀	_	<u> </u>	\$1,000,001 - \$5,000,000 ×	"Tay okind den_ wa
			A -			╀	+	_	Over \$5,000,000 ≚	
			S					S (partial)	portion of an asset is sold, please indicate as follows: (S) (partial) See below for example. P, S, E	BLOCK E Transaction Indicate if the asset had purchases (P), sales (S), or exchanges (E) exceeding \$1,000 in reporting year.

SCHEDULE III—ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Finesson

Γ																				\mathcal{S}	SP, DC,	
\vdash		+	+	+	 -	_	 -									 	-		0			
																- 4		2222222222	of semissouri(co)	First Commercial Bunk		BLOCK A Asset and/or Income Source
Г	Π																				None ➤	
																					\$1 – \$1,000	
																				×	\$1,001 – \$15,000 O	
		T_																			\$15,001 - \$50,000 U	*
		\mathbb{L}_{-}					<u>L</u>						L.								\$50,001 - \$100,000 m	BLOCK B Year-End Value of Asset
L			_				L.														\$100,001 - \$250,000 TI	BLOCK B Year-End ue of As:
L		\perp		\perp			L_	<u> </u>													\$250,001 ~ \$500,000 ົດ	₹ ₩
L			<u> </u>	┖			L									<u> </u>					\$500,001 - \$1,000,000 I	SS Id
L			<u> </u>	↓_												$oxed{oxed}$	<u> </u>				\$1,000,001 - \$5,000,000 -	et
L	L						<u>L</u> _	ļ													\$5,000,00 <u>1</u> - \$25,000,000 -	
L	L	<u> </u>		<u> </u>			<u> </u>		<u> </u>	<u> </u>]						\$25,000,001 - \$50,000,000 ㅈ	
		T_																			Over \$50,000,000	
Г	Γ																				NONE	
						1													· · ·		DIVIDENDS	
	1	1	1		_											<u> </u>					RENT	
	1	1			—															×	INTEREST	0
		†	十	\top	1			<u> </u>		_											CAPITAL GAINS	BLOCK C Type of Incom
	1	†_	†	T	1		ļ				ļ					1			ļ		EXCEPTED/BLIND TRUST	OCK O
	\dagger	†-	1	Τ		1	<u> </u>	1									<u> </u>				TAX-DEFERRED) j
																					Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	le
		Τ_										-									None -	
		Τ_					L													X	\$1 - \$200 ==	An
																					\$201 – \$1,000	וסנ
		T														}					\$1,001 – \$2,500 <	in P
		1																			\$2,501 – \$5,000 <	BLOCK D
	1	1		Τ																	\$5,001 - \$15,000 ≤	5 6
	T	T																			\$15,001 - \$50,000 \leq	BLOCK D Amount of Income
	T	Τ	1														Ī.,				\$15,001 - \$50,000 \(\leq\) \(\	me
																					\$100,001 - \$1,000,000 😾	
				Τ	J			L^{-}													\$1,000,001 - \$5,000,000 ×	
					1									Ĺ							Over \$5,000,000	
																					α. ο, m	BLOCK E Transaction

SCHEDULE IV— TRANSACTIONS Name

Page 5

ates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent children or the number of sole of your personal residence unless it concerns	or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that	Report any purchase, sale, or exchange transactions by you, your spouse,
RCHASE		of Tr	
E		ansa	lype
CHANGE		ction	
k Box if C Exceede	Capital d \$200	I	•
Quarterly, Monthly, or Bi-weekly, if	(MO/DAY/YR)	Date	
1- 00	A		
)1-)0	8		
01- 000	ဂ	Αm	
001- 000	D	oun	
001- 000	ITI	g	
001- 0,000	TI	frans	
0,001- 0,000		8	
J,000	ଜ	댪	
0,001- 00,000	ត <u>=</u>	ction	
0,001-		ction	

												Sp Bank of Salem SEP (cds)	SP Bank of Salen SEP(CDF)	SP Example: Mega Corporation Common Stock (partial sale)	P, DC, JT Asset	Capital Gains — if a sales transaction resulted in a capital gain in excess of \$200, check the "capital gains" box and disclose this income on Schedule III.	dren, or the purchase or sale of your personal residence, unless it generates rental income. If only a portion of an asset is sold, please so indicate (i.e., "partial sale"). See example below.	resulted in a capital loss. Provide a brief description of any exchange transaction. Exclude transactions between you, your spouse or dependent chil-	or dependent child during the reporting period of any security or real property held for investment that exceeded \$1,000. Include transactions that
																PURC	HASE		of Transaction
												×	X.	×		SALE			insac
																EXCH	ANGE		tion
			_													Check E Gain Ex	Box if C ceeded	apital J \$200)
									:			4110112	2/12	10-12-11		Bi-weekly, if applicable	or Quarterly, Monthly, or	(MO/DAY/YR)	Date
																\$1,001- \$15,000		>	
								1					×	×		\$15,001- \$50,000		Φ.	
												*				\$50,001- \$100,000)	ဂ	Amo
					l .											\$100,00° \$250,000)	0	Amount
<u> </u>																\$250,001 \$500,000		m	of T
																\$500,001 \$1,000,0	00	71	of Transaction
				_				<u> </u>							Ц	\$1,000,0 \$5,000,0	00	<u>ດ</u>	actio
_								<u> </u>								\$5,000,0 \$25,000,	000	I	5
<u> </u>		<u> </u>					<u> </u>			-				L		\$25,000, \$50,000, Over			
											<u> </u>					\$50,000,	000	ے	

SCHEDULE V— LIABILITIES

Name Jo Amn Encoson

Page 6 of

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

	4		4		占		SP, DC,	
	montgomeny bank		Mortgomery bank		Montgonery Benk	Example: First Bank of Wilmington, DE	Creditor	
	NOV 2003		16/2002		8004	May 1998	Liability Incurred Mo/Year	Date
and constitution	NOV 2003 regidence Coor vented),	cape Sivardeau, 170	Maooz Mortgage on personal,	washington, DC	5/2008 mortgage on perzonal residence (not vented),	Mortgage on 123 Main St., Dover, DE	Type of Liability	
							\$10,001- \$15,000	П
							\$15,001- \$50,000	
	v						\$50,001- \$100,000	
	*		×			×	\$250,000 \$250,001-	moun
							\$500,000 "" \$500,001- \$1,000,000 ""	Amount of Liability
		:		<u> </u>	*		\$1,000,000 \$1,000,001- \$5,000,000	ability
							\$5,000,001- \$25,000,000	
							\$25,000,001- \$50,000,000	
							Over \$50,000,000	

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule

		Example:		
		Example: Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (determination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	

SCHEDULE V— LIABILITIES

Name JU ANN ENERSON

Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report revolving charge accounts (i.e., credit cards) only if the balance at the close of the preceding calendar year exceeded \$10,000. NOTE: Pending legislation may require Members to report mortgages on personal residences.

Date Liability Incurred Mo/Year Type of Liability	Type of Liability	Type of Liability \$10,001- \$15,000 \$15,001- \$550,000 B	Type of Liability \$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	Type of Liability \$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,000	Type of Liability \$10,001- \$15,000 \$15,001- \$50,000 \$50,000 \$100,000	Type of Liability Amount of Liability \$10,001-\$50,000 \$100,001-\$500,000 \$250,001-\$500,000 \$1,000,000-\$1,000,000	Type of Liability \$10,001-\$15,000 \$15,001-\$50,000 \$100,000-\$100,000 \$250,000-\$500,000-\$500,000-\$5,000-\$5,000-\$5,000-\$5,000-\$5,000-\$5,000-\$5,000-\$5,000-\$5,000-\$5,000
Type of Liability Mortgage on 123 Main St., Dover,	Type of Liability	Type of Liability 10,001- \$10,001- \$15,000 \$15,001- \$50,000	Type of Liability Type of Liability \$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000	Type of Liability Type of Liability \$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 × \$100,001- \$250,000	Type of Liability Type of Liability \$10,001-\$15,000 \$15,001-\$50,000 \$50,001-\$50,000 \$250,001-\$500,000 \$250,001-\$500,000 \$500,001-\$500,000	Mortgage on 123 Main St., Dover, DE \$10,001-\$15,000 \$15,001-\$50,000 \$50,001-\$250,000 \$250,001-\$500,000 \$500,001-\$1,000,000 \$1,000,00	Mortgage on 123 Main St., Dover, DE \$10,001-\$15,000 \$15,001-\$50,000 \$250,001-\$500,000 \$500,001-\$5,000,000 \$1,0
	\$10,001-	\$10,001- \$15,000 > \$15,001- \$50,000 co	\$10,001- \$15,000 > \$15,001- \$50,000 B \$50,001- \$100,000 C	\$10,001- \$15,000 > \$15,001- \$50,000 B \$50,001- \$100,000 C	\$10,001- \$15,000 > \$15,001- \$50,000 B \$50,001- \$100,000 C	\$10,001- \$15,000 \$15,001- \$50,000 \$50,001- \$100,000 \$250,001- \$500,001- \$1,000,000- \$1,000,000-	\$10,001- \$15,000 BD \$15,001- \$50,000 CC \$50,000 CC \$100,000 CC \$250,000 CC \$250,000 CC \$250,000 CC \$250,000 CC \$1,000,000 CC \$1,000,000 CC \$1,000,000 CC \$1,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC \$5,000,000 CC
		\$15,000 \$15,001- \$50,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$15,000 \$15,001- \$50,000 \$50,001- \$100,000	\$15,000 \$15,001- \$50,001- \$100,000 \$100,000 O \$100,001- \$250,001- \$500,001- \$1,000,000 T	\$15,000 \$15,001- \$50,001- \$100,000 \$100,000 \$100,001- \$250,001- \$500,001- \$1,000,001- \$1,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$5,000,001- \$25,000,000- \$1,000,001-

SCHEDULE VI — GIFTS

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$140 or less need not be added towards the \$350 disclosure threshold. Report the source, a brief description, and the value of all gifts totalling more than \$350 received by you, your spouse, or a dependent child from any source during the year.

Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule.

 		 _		_
		Example:		
		Mr. Joseph H. Smith, Anytown, Anystate	Source	
		Silver Platter (de		
		stermination on personal friendship received from Committee on Ethics)	Description	
		\$375	Value	

SCHEDULE VIII—POSITIONS

Name JOAnn Grevs on

Page & of

organization, or any educational or other institution other than the United States. proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner,

tions); and positions solely of an honorary nature. Exclude: Positions listed on Schedule I; positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organiza-

Advisory Board Trock an	Congression, Beard of Congressi	Transice	Horrorary and lifetime Westminster College, Fulton,	Position	
Trock and wrap I+ up	Congressional thunger Center		ster College, Fulton, MD	Name of Organization	

SCHEDULE IX—AGREEMENTS

employee welfare or benefit plan maintained by a former employer. government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of

Date	Parties To	Terms of Agreement
:		